

Online Material – Data Collection Questionnaires

1. Baseline Questionnaire

Demographic details - Please tell us about your circumstances:

Ethnic origin: White <input type="checkbox"/> Black <input type="checkbox"/> Indian/Pakistani/Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> _____ Other _____			
Is English your first Language? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Marital status: Single <input type="checkbox"/> Separated/divorced <input type="checkbox"/> Married/living with partner <input type="checkbox"/> Other <input type="checkbox"/>			
If married or live with a partner, does partner/spouse smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employment status: In paid employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking after the home <input type="checkbox"/> Retired <input type="checkbox"/> Full time student <input type="checkbox"/> Other <input type="checkbox"/>			
If employed, Occupation: _____ Please give as much information as possible: _____ _____			
Highest educational qualification: None <input type="checkbox"/> GCSE or equivalent <input type="checkbox"/> A level or equivalent <input type="checkbox"/> Degree or equivalent <input type="checkbox"/> Other <input type="checkbox"/>			
In receipt of free prescriptions? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please tell us how much you smoked before you gave up smoking

How many cigarettes per day did you usually smoke; please give number: _____	
How soon after waking up did you smoke your first cigarette: Within 5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> More than 30 mins <input type="checkbox"/>	
Have you attempted to stop smoking before? No <input type="checkbox"/> Yes <input type="checkbox"/> , If yes: _____times What was the longest time you managed to stay quit? _____	

Please tell us about your reasons for wanting to give up and how important it is for you to stay off cigarettes permanently

How important is it to you to stay off cigarettes for good? Desperately important <input type="checkbox"/> Very important <input type="checkbox"/> Quite important <input type="checkbox"/> Not all that important <input type="checkbox"/>	
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How determined are you to stay off cigarettes for good?

Extremely determined ☐ Very determined ☐ Quite determined ☐ Not all that determined ☐

Why did you want to give up smoking?

Because my health was already suffering ☐ I am worried about my future health ☐

Because smoking costs too much ☐ Other people are pressurising me to ☐

For my family's health ☐ Because I don't like being addicted ☐

Smoking is antisocial ☐ Smoking sets a bad example to children ☐

Other ☐ -----

How high would you rate your chances of staying off cigarettes for good?

Extremely high ☐ Very high ☐ Quite high ☐

Not very high ☐ Low ☐ Very low ☐

General Health

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

1. Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

2. Self-Care

- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

3. Usual Activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities ☐
- ☐ I am unable to perform my usual activities

4. Pain/Discomfort

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

5. Anxiety/Depression

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

2. Follow-up Questionnaire

Follow-up months: 2 ☐, 11 ☐

Participant number

Trial of self-help booklets for preventing smoking relapse

Name:	Date of Birth:_____ Age: ____	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address:		Post code:
Telephone Home:	Work:	Mobile:

Part 1. Smoking status

<p>Have you smoked at all during the past 7 days? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, how many cigarettes/day: _____</p>
<p>Have you smoked at all since you were enrolled in this study, approximately 2/11 months ago?</p> <p>Not even a puff <input type="checkbox"/> Yes, just a few puffs <input type="checkbox"/> Yes, 1-5 cigarettes <input type="checkbox"/> Yes, >5 cigarettes <input type="checkbox"/></p>
<p>Have you started smoking regularly (≥ 5 days/week) again after you were enrolled in this study?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when regular smoking started? ____/____/____ (d/m/y)</p> <p>Specific reasons for starting smoking again (e.g., as a consequence of an event):</p>
<p>In situations when you feel you want a cigarette, do you know what things you could do to help you remain smoke free? (<i>Mention one example to start: "Tell yourself that smoking is not an option"</i>)</p> <p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p> <p>(4) _____</p> <p>(5) _____</p>
<p>Have you ever attempted to do these things to help you remain smoke free? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, how many occasions in the past 2/11 months? _____, and in what situations?</p> <p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p>

Part 2. Receiving and use of self-help booklets

Have you received booklet(s) to help you remain smoke free? No/Don't know <input type="checkbox"/> Yes <input type="checkbox"/>
If received, do you still have the booklets? No/Don't know <input type="checkbox"/> Yes <input type="checkbox"/>
If received, have you read the booklets at all? No/Don't know <input type="checkbox"/> Yes <input type="checkbox"/> If yes, how much time in total have you spent on reading the booklets? __ _ Hour __ _ Min; and for the intervention group only, how many booklets have you looked at? __ _ __ out of Eight
By reading the self-help booklets, do you know more about risky situations for people to start smoking again? N/A <input type="checkbox"/> (N/A for people who didn't read) No/not sure <input type="checkbox"/> A little more <input type="checkbox"/> Much more <input type="checkbox"/>
By reading the self-help booklets, do you know more about ways of handling urges to smoke again? N/A <input type="checkbox"/> (N/A for people who didn't read) No/Not sure <input type="checkbox"/> A little more <input type="checkbox"/> Much more <input type="checkbox"/>
Overall, how helpful was the booklet(s) for you to remain smoke free? Don't know/Not read <input type="checkbox"/> Unhelpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> Do you have any other comments about the booklets? What were the main things you learnt from reading the booklets?

Part 3. Use of stop smoking and other NHS services

Have you had any contact (visit or phone call) with the NHS Stop Smoking clinics since you were enrolled in this study, approximately 2/11 months ago? No ☐ Yes ☐

If no, go to next question.

If yes, how many visits have you had in the past 2/11 months: _ _ _ _ _ .

How many phone calls have you had in the past 2/11 months: _ _ _ _ _ .

Have you used any stop smoking aids, or received any prescriptions to help you, since you were enrolled in this study, approximately 2/11 months ago? No ☐ Yes ☐

If no, go to next question.

If yes, which of the following items have you used/received?

How long were they used for? and Did you pay for any of these items yourself?

Zyban ☐ for _ _ _ _ weeks; Not paid for by individual. Payment for prescription asked at baseline

Champix ☐ for _ _ _ _ weeks; Not paid for by individual. Payment for prescription asked at baseline

Nicotine gum ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

Nicotine patches ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

Nicotine microtabs ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

Nicotine lozenges ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

Nicotine inhaler ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

Nicotine nasal spray ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

Nicorette mouth spray ☐ for _ _ _ _ weeks; Paid for by individual No ☐ Yes ☐

NHS Quit kit ☐

Other Stop smoking educational materials ☐ Please give details (if possible) _ _ _ _ _

Have you visited your GP in the past 2/11 months, since you were enrolled in this study?

No ☐ Yes ☐

If no, go to next question.

If yes, how many times? _ _ _ _ _ For what reasons (if possible): (1) _ _ _ _ _

(2) _ _ _ _ _ (3) _ _ _ _ _ (4) _ _ _ _ _

Have you been hospitalised in the past 2/11 months, since you were enrolled in this study?

No ☐ Yes ☐

If no, go to next question.

If yes, how many days in total? _____ For what reasons (if possible): _____

(2)_____ (3)_____ (4)_____

General Health

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

<p>1. Mobility</p> <p><input type="checkbox"/> I have no problems in walking about</p> <p><input type="checkbox"/> I have some problems in walking about</p> <p><input type="checkbox"/> I am confined to bed</p> <p>2. Self-Care</p> <p><input type="checkbox"/> I have no problems with self-care</p> <p><input type="checkbox"/> I have some problems washing or dressing myself</p> <p><input type="checkbox"/> I am unable to wash or dress myself</p> <p>3. Usual Activities (e.g. work, study, housework, family or leisure activities)</p> <p><input type="checkbox"/> I have no problems with performing my usual activities</p> <p><input type="checkbox"/> I have some problems with performing my usual activities</p> <p><input type="checkbox"/> I am unable to perform my usual activities</p>	<p>4. Pain/Discomfort</p> <p><input type="checkbox"/> I have no pain or discomfort</p> <p><input type="checkbox"/> I have moderate pain or discomfort</p> <p><input type="checkbox"/> I have extreme pain or discomfort</p> <p>5. Anxiety/Depression</p> <p><input type="checkbox"/> I am not anxious or depressed</p> <p><input type="checkbox"/> I am moderately anxious or depressed</p> <p><input type="checkbox"/> I am extremely anxious or depressed</p>
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For 11 mth only: If participant still not smoking invite in for CO test. Test arranged?

Yes ☐ No ☐ n/a ☐

Do you have any other comments or suggestions about how to remain smoke free?

Signature/date

	Name	Signature	Date
Participant (if by postal)			
Trial co-ordinator (by telephone)			